DOCUMENT RESUME

ED 132 465 CG 007 979

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TITLE Hypnosis and Smoking: A Five-Session Approach.
PUB DATE Feb 73
NOTE 7p.; Paper presented at the Annual Meeting of the American Personnel and Guidance Association (San Diego, California, February, 1973)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Behavioral Science Research; *Behavior Change; College Students; *Health Education; *Hypnosis; Program Descriptions; *Smoking; Speeches; *Tobacco

ABSTRACT

An active five-session, individualized treatment approach to the stopping of smoking is described. This approach emphasized the following: (a) the feedback, in and out of hypnosis, of the client's own reasons for quitting, (b) the visualization of both positive and negative smoking experiences meaningful to the client, (c) maintaining contact with the client by telephone, (d) the use of meditation during hypnosis to obtain further individualized motives and mobilize inner fighting resources to kick the habit, and (e) self-hypnosis. After six months, 75% of those treated were nonsmokers. (Author)

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HYPNOSIS AND SMOKING: A FIVE-SESSION APPROACH

BY

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Presented at the American Personnel & Guidance Association meeting at San Diego in Feb., 1973

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Although a wide variety of techniques have been described in the literature to help smokers to quit, the evidence of effectiveness is unclear, and no particular technique has been shown to be unquestionably effective to help smokers stop the habit. One investigator (Bernstein 1969), in a comprehensive review of research on the modification of smoking behavior, could draw few conclusions on the most appropriate techniques for clinical use and noted that "the need for long-term maintenance of nonsmoking is largely ignored" (p.418). In another review, Ford and Ederer (1965) found no single method strikingly effective and also noted that long-term results were especially disappointing.

Hypnosis has often been tried with smokers, but the results and the methods recommended have also been characterized by tremendous variation. The percentage of reported long-term success seems to range from zero to 94%, with most authors reporting percentages between those extremes. These varying success rates indicate that there can be no typical percentage given to describe the effectiveness of hypnosis in stopping the smoking habit. The central problem for hypnosis in smoking is finding the most effective way to use it.

In the October, 1970, issue of the International Journal of Clinical and Experimental Hypnosis, Nuland and Field reported a systematic clinical hypnotic approach. They compared two methods they had used. Their former method, which produced a success rate of only 25% after six months, was technique-oriented with direct post-hypnotic suggestions in which hypnotic depth was important and the therapist had the role of controller and persuader. Their new method, which produced a success rate of 60% not smoking after 6 months, involved an active, personalized approach wherein trance depth was not important, the therapist took the role of teacher rather than controller, suggestions were individualized, feedback under hypnosis of the patient's own reasons for quitting were given to him, and self-hypnosis was taught the patient.

With these principles in mind and with the inclusion of a few variations, I developed my own five-session technique that I considered to be appropriate for college students who were healthy and vigorous and not typical of the medical practice of Nuland and Field. First of all, since depth of trance was not important, I eliminated the word "Hypnosis" and called it the "Concentration-Relaxation Technique." If,however, anyone asked me if this technique was a form of hypnosis, I answered "Yes", and explained that it was a para-hypnotic or hypnoidal procedure because no depth of trance was necessary, only a state of relaxation.

In order to induce the relaxation state, I have the client raise his right hand to eye level, focus on his middle finger and suggest that the more he concentrates on his middle finger, the heavier his hand becomes, and as the hand becomes heavier, it will begin to move down. (So far, I am dealing only with normal physiology). Then, I suggest that as his hand moves down, he will move down with it into a state of relaxation, but that he will not enter a deep state of relaxation until his hand touches his leg or the chair in which he is sitting. When the hand touches his leg, I relax him more through the suggestion of muscle relaxation and visual imagery. At the end of the clinical procedure to be described, I arouse him from the state of relaxation by simply counting up from 1 to 5, stating that at the count of five, he will feel fresh, alert, and wide awake.

Clients are students who voluntarily come to the Counseling Center, but are selected on the basis of having previously tried to stop smoking and failed. After detailed exploration of the program, and after the client has committed himself to it, the five sessions are scheduled at weekly intervals and proceed as follows:

1st session: A smoking history is obtained to ascertain the client's reasons for smoking, why he wants to stop, under what circumstances he smokes, how much, what feelings he derives from smoking, how long he has been smoking, and what happened when he tried to stop previously. In addition, I obtain information on any pertinent medical history, any emotional disturbances of significance and relevant medication.

Between the 1st and 2nd appointment, I study the history and write up three suggestions and two visual imageries on 3X5 cards, which I read to the client in the subsequent sessions. These cards feed back to the client his own reasons for quitting, attack rationalizations for smoking, provide substitutions, and undermine his motivations for continuing the habit.

The following five verbalizations represent the suggestions and visualizations I designed for one particular client:

1. Relaxation Suggestion: You tell me that smoking calms your nerves, that it is relaxing and settles you down, but what's so good about a cigarette that shortens your breath, affects your health, and gives you a dry, cotton feeling in your mouth? A cigarette may seem relaxing because you pause to reach for a cigarette, remove it from the pack, light it, and take a deep inhalation. It gives you a tension-free relaxing moment. But there are other ways to get the same effect, the same relaxing moment. I'm going to teach you a substitute way to get the same effect, by taking a deep breath in, letting it out, slowly, and telling yourself to relax. Do that now. Take a deep breath in, let it out slowly and tell yourself to relax.

2. Victory Suggestion: You tell me you want to feel a sense of victory over your smoking habit--a sense of will-power and self-control--a feeling of winning over this vice. You can have this feeling by doing the following: every time you pick up a pack of cigarettes and then put that pack down again, this feeling of victory will come over you. You will feel good and strong. It's like winning one battle after the other, until the final victory when you win the war--the victory over your smoking habit. (I have the client experience this scene in phantasy. The good feeling he derives from putting down the pack is the immediate reinforcement which tends to increase future probabilities of him actually putting down the pack without smoking. This is in line with current behavior modification theory).

3. Anger Suggestion: You tell me that you smoke to put a damper on your angry and frustrated feelings. You can see that smoking is one way you handle anger, but you and I both know that smoking is no solution to this problem. Smoking ends up hurting you physically and it cannot discharge or control your feelings. It may or may not be appropriate to express your anger to the person at whom it is directed. If it is approprate, you should do so. If not, then imagine you have a small rubber ball in your hand and knead it as you would dough. Try that now. Just imagine there is a soft rubber ball in your hand; squeeze it. Keep working that ball until your hand is tired.

4. Cost Imagery: Cigarettes cost .40 a pack. You tell me you smoke two packs a day. That means you pay .80 a day for cigarettes. Multiply .80 by 7 and the result is $5.60 a week. If you multiply .80 a day by the number of days in a year, then the total amount you are paying for cigarettes in a year is $292. And for what" For a habit that makes you miserable. Wouldn't you like to use that money for something else--for something that would make you happy instead of miserable? I want you to use your imagination now and picture what you would like to buy with $292 right now. If you stop smoking, you deserve to spend the money you save by buying something that won't go up in smoke. Think now what you would like to buy with the $292 you would save in a year's time, something perhaps that you have always wanted but felt it was too much of a luxury. In your imagination, right now, buy this item and experience using it. Feel the pleasure you derive from it. Experience this pleasure while I am silent for 1 minute. (In this imagery, I motivate the client by picturing a desirable long-term goal to which he can commit himself. If so inclined, I suggest to him after arousal from the relaxation that he save the money he doesn't spend for cigarettes in a glass jar and watch the money accumulate daily.)

5. Day-of-Not-Smoking Imagery: Imagine that the day has come that you no longer smoke. You are walking across campus to the L.A. Building. The air is crisp but the sun is shining and it's a beautiful day. You woke up that morning feeling good about you and your world. You like the way you're handling your life. For one thing, the feeling of being a slave to a cigarette no longer

haunts you. YOU are in control, not the cigarette. You have more energy; your throat is clear, and you no longer have that hacking cough. You feel great, and the more you think about how good you feel, the more energetic your step becomes. Meditate now for 1 minute while you continue walking across campus.

The technique is individualized, customized to meet the demands of the client. Each suggestion and each imagery is developed from the client's given smoking history. Of course, there is some similarity among the cards of many clients, but only in the general theme, not in detail. For example, for everyone I use the Relaxation Suggestion wherein I offer a deep breathing exercise as a substitute for the relaxation derived from smoking, because everyone mentions that smoking is relaxing, but the manner in which I phrase the suggestion depends upon what the client tells me specifically.

2nd session: I read the cards to him in the waking state to determine if the messages "feel right" to him, make corrections if necessary, and then proceed with the Concentration-Relaxation technique. In the relaxed state, I read the cards to him again. After that, I have him meditate for two minutes during which he garners all of his internal fighting forces and thinks about all the ways he can break the smoking habit. I arouse him to wakefulness and then I make a requirement important to this technique. I ask him to phone me each day, for one week until the next appointment, in order to report what happened each day. The week following the second session is the most critical one, and the daily phone calls are important in order to allay fears of failure, give support, and give suggestions to rout out trouble spots. I, too, make a commitment. I state that if he doesn't phone me by a given time, I will phone him. I feel it is important that the client feels my commitment to his desire to quit smoking. I never ask anyone to quit. I never invoke the neurotic "should" to arouse the specter of guilt. I feel myself as an ally with him against the enemy--the smoking habit.

3rd session: Repetition of the previous session plus exploration of what is happening, along with appropriate support and encouragement, plus appropriate therapeutic measures to rout out trouble spots that continue the habit. For example, if dealing with anger is a trouble spot, then the client is helped to control or release anger in a constructive way. If the need to put something in the smoker's mouth is apparent or if the smoker misses having something in his hands, then appropriate suggestions for substitutions are offered to meet the need.

4th session: The self-induction of the relaxation state is now taught, along with his learning the suggestions and imageries on the cards by rephrasing them to me. Again, any problem regarding the smoking is dealt with therapeutically in order to discover ways to combat it. Between the 4th and 5th session, he is asked to practice the self-induction technique.

5th session: The client is asked to repeat the self-induction technique, rephrase the suggestions in his own words, picture the imageries, meditate, and arouse himself to complete alertness. This technique is now a tool for him that he can use in the future should he have the desire to return to smoking. At the end of this session, I tell him that I will send him a questionnaire every three months for a year to determine his smoking status.

As indicated previously, this technique is a mutual effort to help the client do what he says he wants to do, namely, quit smoking. If he doesn't quit, then he faces the responsibility of "I don't want to" and cannot hide behing the rationalization of "I can't." Even under these circumstances, he feels the strength of choice rather than the weakness of failure. If he doesn't continue the program, he accepts smoking as his choice to do rather than perceiving himself as the victim of a habit. He is always invited to return if he decides to stop smoking in the future.

The results thus far have been encouraging even though the number of clients seen are only 24 to date. Most of these were seen during the past two months, and therefore I cannot give long-range data of significance, but here are the results thus far. Of the 24 who started the program, 8 didn't finish. Of these 8, 4 didn't finish the program for reasons not connected with smoking, such as hospitalization or leaving school, and 4 concluded that they didn't want to quit smoking. Of the 16 who finished the five sessions, 12 (75%) quit smoking entirely, while the rest cut down drastically. For example, one girl wanted to retain that one cigarette after dinner. It is clear that any given person smokes for more than one reason, but it is interesting to note in this data that the client who has difficulty in expressing anger and who uses cigarettes to put a damper on his anger has the greatest difficulty in quitting. We shall see if further cases will bear out this tenative observation. Such people really need more prolonged therapy to learn to deal better with their angry feelings.

In closing, I would like to add that fringe benefits have accrued that are not directly related to stopping smoking. One girl used the concentration-relaxation technique to quiet and overcome her test anxiety. Another client who suffers from insomnia uses the technique to fall asleep at night. Some have discovered significant insights about themselves during the therapeutic hour; others feel better about themselves as people as a result of conquering the smoking habit, and therefore exhibit more control over other behaviors. It is not surprising, however, that any technique that is therapeutic in a given area will have a therapeutic effect on the total being of that person.

This is a clinical report and not a controlled research study. Accordingly, one may wonder what were the efficacious factors that helped smokers to stop, since my approach combines many different techniques---hypnotic, motivation and behavior modification. I have pondered that question myself and suspect that although the techniques themselves are important for success, of even greater importance is the degree to which I am able to establish a therapeutic relationship between the client and myself. When he feels my commitment, when he feels me as an ally against the smoking habit, then together we have a better chance of succeeding.

References:

Bernstein, D. A. Modification of smoking behavior: An evaluative review, Psychol. Bull. 1969, 71, 418-440

Ford, S., Jr. and Ederer, F. Breaking the cigarette habit. J. Amer. Med. Assn., 1965, 194, 139-142

Nuland, William and Field, Peter B. Smoking and hypnosis: a systematic clinical approach. The Int. J. of Clin. and Exp. Hypnosis, 1970, Vol XVIII, No. 4 290-306.